

REQUEST FOR SALT BARREL SERVICE
2019-2020 WINTER SEASON

Requester: _____ Today's date: _____

Association: _____ Phone # _____

Fax # _____

Location (intersection) for salt barrel to be placed at (*specify what corner*):

- 1.
- 2.
- 3.
- 4.
- 5.

Authorized signature: _____
Association President/Representative

.....

For Street Department use only:

Site inspected by: _____ Date: _____

Request Approved () YES () NO - please specify why and contact association.

Comments: _____

_____.

Association president/representative contacted on _____ (date).

Signed request received from Association _____ (date).

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